



Important Information for Members

PASC-SEIU* Homecare Worker Health Care Plan
for In Home Supportive Services (IHSS) Workers

2009–2010



*Personal Assistance Service Council–Service Employee International Union



SEIU

Included in this booklet:

Section I

Your Rights and Responsibilities Section **I-3**

Cultural and Linguistics (C&L) Services Letter..... Section **I-4**

Grievances/Complaints/Appeals..... Section **I-5**

Organ Donations..... Section **I-9**

Important Phone Numbers..... Section **I-9**

Section II

Notice of Privacy Practices.....Section **II-3**

Preventive Care Guideline for Adults—2009Section **II-8**

We Care About Your Health—Member Health Update.....Section **II-9**

SECTION I

Your Rights and Responsibilities	Section I-3
Cultural and Linguistics (C&L) Services Letter.....	Section I-4
Grievances/Complaints/Appeals.....	Section I-5
Organ Donations	Section I-9
Important Phone Numbers.....	Section I-9

YOUR RIGHTS AND RESPONSIBILITIES

Member Rights

As a Member of Community Health Plan, you have a right to...

Respectful and courteous treatment. You have the right to be treated with respect, dignity and courtesy from your health plan's providers and staff. You have the right to be free from retaliation or force of any kind when making decisions about your care.

Privacy and confidentiality. You have a right to have a private relationship with your provider and to have your medical record kept confidential. You also have a right to receive a copy of and request corrections to your medical record. If you are a minor, you have a right to certain services that do not need your parent's okay.

Choice and involvement in your care. You have the right to receive information about your health plan and its services. You have the right to choose your Primary Care Physician (doctor) from the doctors and clinics listed in your health plan's provider directory. You also have the right to get appointments within a reasonable amount of time. You have a right to talk with your doctor about any care your doctor provides or recommends. You have the right to a second opinion. You have a right to information about treatment regardless of the cost or what your benefits are. You have the right to say "no" to treatment. You have a right to decide in advance how you want to be cared for in case you have a life-threatening illness or injury.

Voice your concerns. You have the right to complain about Community Health Plan, the health plans we work with, or our providers without fear of losing your benefits. Community Health Plan will help you with the process. If you don't agree with a decision, you have a right to ask for a review. You have a right to disenroll from your health plan whenever you want.

Service outside of your health plan's provider network. You have a right to receive emergency

services as well as family planning and sexually transmitted disease services outside of your health plan's network. You have the right to receive emergency treatment whenever and wherever you need it.

Service and information in your language. You have a right to request an interpreter at no charge and not use a family member or a friend to translate for you. You have the right to get the Member Handbook and other information in another language or format.

Know your rights. You have the right to receive information about your rights and responsibilities. You can make recommendations about these rights and responsibilities.

Member Responsibilities

As a Member of Community Health Plan, you have a responsibility to...

Act courteously and respectfully. You are responsible for treating your doctor and all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before the visit to cancel or reschedule.

Give up-to-date, accurate and complete information. You are responsible for giving correct information to all of your providers. You are responsible for getting regular checkups and telling your doctor about health problems before they become serious.

Follow your doctor's advice and take part in your care. You are responsible for talking over your health care needs with your doctor and following the treatment you both agree on.

Use the Emergency Room only in an emergency. You are responsible for using the emergency room in cases of an emergency or as directed by your doctor.

Report wrong doing. You are responsible for reporting health care fraud or wrong doing to Community Health Plan. You can do this without giving your name by calling the Community Health Plan Fraud and Abuse Hotline toll-free at 1-800-475-5550.

CULTURAL AND LINGUISTICS (C&L) SERVICES LETTER



Community Health Plan
L O S A N G E L E S C O U N T Y

Dear member:

We would like to tell you about your right to free interpreter services if you speak a language other than English.

As our plan member, you have the right to get materials translated. You can get these in:

Armenian, Chinese, English, Farsi, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese, Braille, large print or audio format (cassette or CD)

An interpreter can help! They will help you talk to your doctor in your language. You have the right to an interpreter at no cost to you. They can help you 24 hours a day, 7 days a week. Talk to your doctor, or call CHP to get an interpreter. You may also get an interpreter to help with Sign Language. Do not use family to interpret for you. Only in emergency situations are children under 18 allowed to interpret.

If you have a problem getting materials in your language or an interpreter, you have the right to file a complaint with Community Health Plan.

If you need help with interpreter services, please call Community Health Plan's Member Services Department at toll-free telephone number **1-800-475-5550** (CHP/**TDD 1-800 353-7988**).

After business hours, please call **1-800-832-6334**.

Sincerely,

Health Education / Cultural and Linguistics Services
Community Health Plan

GRIEVANCES/COMPLAINTS AND APPEALS

GRIEVANCES/APPEALS

The **Community Health Plan** is interested in resolving any problems you may have with the services you receive.

We encourage you to first speak with your doctor and to work with your PCP to solve your grievance. But, if you are unhappy you may always write, visit, or call **Community Health Plan**. You may also file a grievance on-line through **Community Health Plan's** Web Site at <http://chp.dhs.lacounty.gov>.

Community Health Plan
Member Services
1000 S. Fremont Avenue
Building A-9, East Second Floor Unit 4
Alhambra, CA 91803-8859
Toll free: 1-800-475-5550

Non-Urgent Grievance

Community Health Plan will send you an acknowledgment letter within five (5) calendar days of getting your grievance. Your grievance will be resolved within 30 calendar days after it has been received by **Community Health Plan**.

Urgent Grievance

An urgent grievance is when you are not happy with a health care service you received and feel that any delay with a decision can lead to a life-threatening or debilitating condition. An urgent grievance will be resolved within three (3) calendar days after it has been received by **Community Health Plan**. **Community Health Plan** will send you an acknowledgment letter within 24 hours of receiving your grievance.

Procedures for an Urgent Grievance

- **Community Health Plan** will notify you immediately regarding your right to contact the Department of Managed Care (DMHC) regarding your grievance.
- **Community Health Plan** will expedite a review of your grievance when you, or your authorized representative, or treating physician provides us with a notice. The notice can be provided either by

a document and/or a telephone call to Member Services Department.

- An urgent grievance will be resolved within three (3) calendar days after it has been received by **Community Health Plan**.
- Your medical condition will be considered when determining the response time.
- **Community Health Plan** will send you an acknowledgment letter within 24 hours of receiving your grievance.
- You do not need to participate in the **Community Health Plan's** grievance process before applying to the Department of Managed Health Care for review of your urgent grievance.

If you are not happy with the outcome of your grievance, you can appeal that decision to the Department of Managed Health Care (DMHC).

Appeals to the Department of Managed Health Care

"The California Department of Managed Health Care is responsible for regulating health care service plans.

If you have a grievance against your Health Plan, you should first telephone your Health Plan at **(1-800-475-5550)** and use your Health Plan's grievance process before contacting the Department.

Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your Health Plan, or a grievance that has remained unresolved for more than 30 calendar days, you may call the Department for assistance.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a Health Plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. Please note you are not required to file a grievance with **Community Health Plan** prior to requesting an independent medical review of a decision to deny a proposed treatment on the basis that it is

experimental or investigational. The Department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The Department's Internet Web Site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online."

Independent Medical Review

Independent Medical Review (IMR)

The Independent Medical Review (IMR) is another appeal process that you may use if you believe a health care service should not have been denied, changed, or delayed by **Community Health Plan**. You have up to six (6) months from the date of denial to file an IMR. You must first go through the **Community Health Plan** grievance process, before applying for an IMR. In an urgent situation, you may file for an IMR with DMHC within a shorter time period.

There are no fees for an IMR. You have the right to give information in support of your request for an IMR. After the IMR application is submitted, a decision not to take part in the IMR process may cause you to lose any statutory right to pursue legal action against **Community Health Plan**.

The IMR is filed with the Department of Managed Health Care (DMHC). You will receive information on how to file an IMR with your denial letter. You may reach the DMHC at toll-free **1-888-HMO-2219** or **1-888-466-2219**.

When to File an IMR

You may file an IMR if you meet the following requirements:

1. a) Your doctor has recommended a health care service as medically necessary and it was denied; or
b) You have received urgent care or emergency services that a provider determined was necessary and payment was denied; or
c) You have been seen by a network doctor or a PCP for the diagnosis or treatment of the medical condition for which you seek independent review (even if the health care service was not recommended by a network provider).
2. The disputed health care service has been denied, changed, or delayed by **Community Health Plan**. Care based in whole or in part on a decision that the

health care service is not medically necessary.

3. You have filed a grievance with **Community Health Plan** and the service is still denied, modified, delayed, or the grievance remains unresolved after 30 calendar days.

The dispute will be submitted to a DMHC medical specialist if it is eligible for an IMR. The specialist will make an independent decision of whether or not the proposed treatment is likely to be more beneficial than any available standard therapy. You will receive a copy of the IMR decision from the DMHC. If it is decided that the service is medically necessary, **Community Health Plan** will provide the health care service.

If your grievance requires an expedited review, you do not have to participate in **Community Health Plan's** grievance process for more than three (3) calendar days.

If there is an imminent and serious threat to your health as your information is reviewed by an independent medical review organization (within 24 hours of approval of request review) the DMHC may waive the requirement that you follow **Community Health Plan's** grievance process.

NON-URGENT CASES

The IMR decision will be made within 30 calendar days. The 30 calendar days is counted from the time your application and documents are received by the DMHC.

URGENT CASES

If your grievance is urgent and requires fast (expedited) review you may contact the DMHC right away. You will not be required to remain in the **Community Health Plan's** grievance process for more than three (3) calendar days.

The urgent IMR decision will be made within three (3) calendar days from the time your information was received. Urgent cases include, but are not limited to:

- Severe pain
- Potential loss of life, limb, or major bodily function
- Immediate and serious deterioration of your health

If a medical service, treatment, drug, or device is denied because it is experimental or investigational, you will be informed of:

- the decision in writing within 5 business days from the decision to deny coverage, and

- your right to file an Independent Medical Review for Experimental or Investigational Therapies (IMR-EIT)

IMRs for Experimental or Investigational Therapies (IMR-EIT)

You are not required to submit a grievance with **Community Health Plan** before requesting an IMR-EIT through the Department of Managed Health Care (DMHC). You can request an IMR-EIT through the DMHC when a medical service, drug or equipment is denied because it is experimental or investigational in nature. You have up to 6 months from the date of denial to file an IMR-EIT. You may provide information to the IMR-EIT panel. The IMR-EIT panel will give you a written decision within 30 calendar days from when your request was received. If your Primary Care Provider determines that the requested therapy is greatly less effective if not promptly initiated, you will receive a decision within seven (7) calendar days of the request for an expedited review. In urgent cases the IMR-EIT panel will give you a decision within three (3) business days from the time your information is received.

The IMR-EIT is filed with the Department of Managed Health Care (DMHC). You will receive information on how to file an IMR-EIT with your denial letter. You may reach the DMHC at toll-free **1-888-HMO-2219** or **1-888-466-2219**.

When to file an IMR-EIT:

You may file an IMR-EIT, if you meet all of the following requirements:

1. Have a very serious condition (life-threatening or seriously debilitating)
2. Your doctor must certify that:
 - The standard treatments were not effective, or
 - The standard treatments were not medically appropriate, or
 - The proposed treatment will be the most effective.
3. Your doctor certifies in writing that:
 - A drug, device, procedure, or other therapy is likely to work better than the standard treatment; or
 - You or your doctor may request a therapy which based on two medical and scientific documents is likely to work better than the standard treatment.
4. You have been denied a drug, device, procedure, or

other therapy requested by your doctor.

5. The drug, device, procedure or other therapy normally would be covered as a benefit, but CHP has determined that it is experimental or investigational in nature.

The dispute will be submitted to a DMHC medical specialist if it is eligible for an IMR-EIT. The specialist will make a decision as to whether the requested treatment is or is not likely to be more beneficial than any available standard therapy. You will receive a copy of the IMR-EIT decision from the DMHC. If it is decided that the service is medically necessary, **Community Health Plan** will provide the health care service.

For more information or help with the IMR-EIT process, or to request an application form, please call **Community Health Plan**.

Arbitration

1. By enrolling in **Community Health Plan**, all Members agree to submit any and all disputes and claims (including malpractice claims) between the Member (or any person submitting a dispute or claim on behalf of the Member) and **Community Health Plan**, CHP's medical providers, and/or PASC–SEIU Homecare Workers Health Care Plan to binding neutral arbitration, rather than being heard before a court or jury. This means that both **Community Health Plan** and the Member agree to forego rights to jury or court trial.
2. The arbitration costs will be shared equally by the Member and the parties (CHP, CHP's medical providers, and/or PASC–SEIU Homecare Workers Health Care Plan) involved with the Member's claim or dispute, unless the Member is unable to pay his/her share of the costs of the neutral arbitrator's fees.
3. Any arbitration proceeding will be held under the Commercial Rules of the American Arbitration Association. Copies of the current rules and details of the format and information required for an arbitration demand may be obtained by writing to the **Community Health Plan** Member Services Department at:

1000 South Fremont Avenue, Building A-9 East, 2nd Floor, Unit #4, Alhambra, CA 91803-8859,

or call **Community Health Plan** Member Services at **1 (800) 475-5550**.



SECTION II

Notice of Privacy Practices..... Section **II-3**

Preventive Care Guideline for Adults—2009 Section **II-8**

We Care About Your Health—Member Health Update..... Section **II-9**

Los Angeles County Department of Health Services Community Health Plan

Notice of Privacy Practices

04142003.2

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of Los Angeles County Department of Health Services ("LACDHS") Community Health Plan and that of all employees, staff and other personnel.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Community Health Plan for administration purposes. We need this record to provide you with quality service and to comply with certain legal requirements. This Notice applies to all of the medical records we maintain. As required and when appropriate, we will ensure that the minimum necessary information is released in the course of our duties.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations regarding the use and disclosure of medical information.

We are required by law to:

- Keep your medical information, also known as "protected health information" or "PHI," private;
- Give you this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect.

ATTENTION

This Notice and interpreters are available in your own language. Please contact the COMMUNITY HEALTH PLAN at toll-free 1(800) 475-5550 for a copy.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose your PHI to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a new prescription is compatible with your other medication.

For Payment

We may use and disclose your PHI to determine eligibility for Community Health Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Community Health Plan, or to coordinate the Community Health Plan coverage. For example, we may use information that your doctor submits about an office visit to determine whether the fee for the office visit should be paid under the Community Health Plan.

For Health Care Operations

We may use and disclose your PHI to carry out activities that are necessary to run the Community Health Plan and to make sure that all of our participants receive quality services. For example, we may use or disclose health information to review the quality of care provided by our network of health care providers.

Treatment Alternatives and Health-Related Products and Services

We may use and disclose your PHI to recommend possible treatment options or alternatives that may be of interest to you. Additionally, we may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your PHI to a friend or family member who is involved in your medical care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, if you are not available or are unable to agree or object, we will use our professional judgment to decide whether this disclosure is in your best interests.

Disaster Relief Purposes

We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU THAT DO NOT REQUIRE YOUR AUTHORIZATION

As Required By Law

We will disclose your PHI when required to do so by federal, state or local law.

To Avert a Serious Threat to Health and Safety

We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would be to someone able to help prevent the threat.

Workers' Compensation

We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose medical information about you for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders and dependent adults.

Organ and Tissue Donation

We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by

someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the PHI requested.

Law Enforcement

We may disclose PHI to government law enforcement agencies in the following circumstances:

- In response to a court order, warrant, subpoena, summons or similar process issued by a court.
- To identify or locate a suspect, fugitive, material witness or missing person.
- If you are a victim of a crime, under certain limited circumstances, and we are unable to obtain your agreement.
- About a death that may be the result of criminal conduct.
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed crime.

Coroners, Medical Examiners and Funeral Directors

We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may release medical information about patients of the facility to funeral directors as necessary to carry out their duties.

Specialized Government Functions

We may disclose your PHI to authorized federal official for intelligence, counterintelligence, and other national security activities authorized by law.

We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or conduct special investigations.

Inmates

If you are an inmate or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the

safety and security of the correctional institution.

Other Uses of Your Medical Information

Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by the authorization, except that, we are unable to take back any disclosures we have already made when the authorization was in effect, and we are required to retain our records of the services that we provided to you.

RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI in our records:

Right to Inspect and Copy

With certain exceptions, you have the right to inspect and copy your PHI that may be used to make decisions about your Community Health Plan benefits.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing. A form will be provided to you for this request. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied the right to inspect and copy your PHI in our records, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed health care professional within the Community Health Plan's Provider Network, who was not involved in the denial, will review the decision. We will comply with the outcome of the review.

IMPORTANT

The COMMUNITY HEALTH PLAN does not have complete copies of your medical records. If you want to look at, get a copy, or change your medical records, please contact your doctor or clinic.

Right to Request Amendment

If you feel that your PHI in our records is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the PHI. To request an amendment, ask for a *Request to Amend Protected Health Information* form, and complete and submit this form to the Community Health Plan contact listed in this Notice. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that:

- Was not created by us, unless you can provide us with a reasonable basis to believe that the person or entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI kept by or for the Community Health Plan;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a *Request for Review of Denial of Access* form, with a description not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want this form to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, ask for a *Request for an Accounting of Disclosures* form, and complete and submit this form to the Plan contact listed in this Notice. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional

lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request that we follow additional, special restrictions when using or disclosing your PHI for treatment, payment or health care operations. You also have the right to request that we follow additional, special restrictions when using or disclosing your PHI to someone who is involved in your care or the payment for your health care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, ask for a *Request for Additional Restrictions on Use or Disclosure of Protected Health Information*, and complete and submit this form to the Community Health Plan contact listed in this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about your appointments or other matters related to your treatment in a specific way or at a specific location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, ask for a *Request to Receive Confidential Communications by Alternative Means or at Alternative Locations* form, and complete and submit this for to the person in charge of your treatment. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

Copies of this Notice are available upon request. Please contact the COMMUNITY HEALTH PLAN at toll-free **1(800) 475-5550** for a copy.

You may also obtain a copy of this notice at our web site, **<http://chp.dhs.lacounty.gov>**.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our web site, **<http://chp.dhs.lacounty.gov>**. The Notice will contain on the first page, in the top right-hand corner, the effective date. If there is a material revision to this notice, we will post or distribute a copy to Community Health Plan participants within 60 days after the revision is made. At least every three years, the Community Health Plan will notify current Community Health Plan participants of the availability of the Notice and how to obtain the Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint. To file a complaint, contact any of the following offices:

To file a complaint with the Community Health Plan, contact:

Community Health Plan Privacy Officer
1000 S. Fremont Avenue, Bldg. A-9E, 2nd Fl.
Alhambra, CA 91803-8859
1(800) 475-5550

To file a complaint with Los Angeles County, contact:

Los Angeles County Chief Privacy Officer
HIPAA Compliance Unit
c/o Los Angeles County Auditor-Controller
500 West Temple Street, Suite 410
Los Angeles, CA 90012
Hotline: (213) 974-2164
Email: HIPAA@auditor.co.la.ca.us

or you may file a complaint with any of the agencies below:

CA Department of Health Care Services Privacy Officer
c/o Office of Legal Services
1501 Capitol Avenue
P.O. Box 997413, MS0010
Sacramento, CA 95899-7413
1(916) 255-5259 or 1(877) 735-2929 TTY/TDD

Secretary of the US Department of Health and Human Services
c/o Office of Civil Rights, Attention Regional Manager
50 United Nations Plaza, Room 322
San Francisco, CA 94102
1(800) 368-1019

or call:

US Office of Civil Rights at 1 (866) OCR-PRIV
1(866) 627-7748 or 1(866) 788-4989 TTY

QUESTIONS?

If you have any questions about this Notice or want further information regarding our privacy practices, please contact the COMMUNITY HEALTH PLAN at toll-free 1(800) 475-5550.

Preventive Care Guidelines for Adults 2009

Follow the timeline below. Get the right screenings at the right time.

Eat healthy • Don't smoke • Be active • Get checked

AGE IN YEARS	20	25	30	35	40	45	50	55	60	65+
Routine Exam										
Routine check	First check within 4 months of enrolling. After that, ask your doctor.									>>
Ears & Eyes	Get checked more as you get older.									>>
Tuberculosis (TB)	Men and women at risk.									>>
Heart Health										
Blood pressure	Every 2 years. More often if you have high blood pressure.									>>
Cholesterol	Men at risk			Men						>>
	Women at risk					Women				>>
Diabetes	Men and women at risk									>>
Cancer Screening										
Breast cancer					Women every 1 to 2 years					>>
Cervical cancer	Women at least every 3 years									
Colorectal cancer							Men and women			
Prostate cancer							Men	Ask your doctor		>>
Immunizations										
Flu	Men and women if you are at risk						Each year			>>
Pneumonia										Once
Herpes Zoster									Once	
HPV (if not done)	Women									
Tetanus, diphtheria, pertussis	One shot every 10 years									
Women's Health										
Chlamydia screening	Women	Women at risk								
Osteoporosis									Women	>>
Folic Acid Vitamins (prevents birth defects)	If at childbearing age									
Calcium supplement	If your doctor tells you to									
Menopause & Hormone Replacement Therapy					Ask your doctor					
Other										
Abdominal Aortic Aneurysm										Men at risk

KEY: ■ Recommended

■ If you are at risk (At risk means that you may be more likely than others to get sick.)

Counseling is offered as needed in many topics. Talk to your doctor.

- Exercise
- Medication use
- Metal Health (Depression)
- Nutrition (If you have high cholesterol and at risk for heart disease and diabetes)
- Oral health
- Injury prevention
- Stroke and Coronary Artery Disease
- Sexual behaviors

Sources: The Guide to Clinical Preventive Services, 2009, Recommendations of the U.S. Preventive Services Task Force, CDC

Get the right care, from the right place, at the right time

PERSONAL HEALTH ADVISOR NURSE ADVICE LINE



If you or a family member is sick or hurt, do you know what to do?

**Get help. Call your
Personal Health Advisor.**

What is the Personal Health Advisor Nurse Advice Line?

This service lets you speak to a registered nurse. The nurse will answer your questions and help you make good health care choices. This phone-based service is open to all Community Health Plan members.

Call anytime you need help with a health care concern.

How do I access a Personal Health Advisor?

Call 1-800-475-5550. This line is open 24 hours a day, 7 days a week.

What are the benefits of using the Personal Health Advisor?

- Telephone line open 24 hours a day, 7 days a week at no cost
- Avoid needless time and travel

What happens when I call?

- The nurse will ask you some questions.
- They will help you decide if you need to see the doctor right away.
- They can tell you what you can do at home to feel better.
- The nurse will make sure that you and your family get the best care you need.

Do I have to call before going to the emergency room (ER)?

No. You don't need to call before seeking care. But it might save you a trip to the ER if you do not need to go.

Can a family member call for information or does it have to be me?

A family member can call for you. But they must know your membership information and medical condition.

**Personal Health Advisor
Nurse Advice Line
1-800-475-5550
24 hours a day / 7 days a week**

Case Management at Community Health Plan

Case Management at CHP is available to you:

- At your health care site or at CHP if you have chronic health problems
- When you do not know how to access care and services
- During a major health event or diagnosis
- When you need help with or want to learn about your health problem

What do Case Managers at your health care site do?

- Assess your health need
- Help you get the care you may need
- Work with your discharge planner after your stay at the hospital
- Help you schedule specialty care visits



What do CHP Case Managers do?

- Support Case Managers at your health care site for access to your health services
- Refer you to specialty care not offered in your local network
- Work with your primary care provider when you need care outside of your local area



Targeted Case Management

DISEASE MANAGEMENT

Disease Management is a service that is offered to our members at no extra cost. A team of trained nurses provide health education that meets your needs. They also help you take an active role in keeping track of your health problem.

CHP offers Disease Management programs for the chronic health problems listed below :

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Artery Disease
- Diabetes
- Heart Failure

Targeted Case Management

DISEASE MANAGEMENT (continued)

What do Disease Management Nurses do?

- Ask you about your health problem and help you set goals
- Make phone calls to help you learn more about your health problem
- Work closely with you or your caregiver, and providers to carry out the treatment plan made just for you
- Give out easy to read handouts and brochures
- Alert your provider and case manager at your health care site as a joint effort in your care



COMPLEX CASE MANAGEMENT

What do Complex Case Managers do?

We want you to get back to your best health. This program is offered to those with more than one chronic health problem.

The complex case managers will:

- Assess your health
- Find your problems and help you set goals to manage your health
- Deal with a major health event or diagnosis

- Help you find resources in the community
- Help you find the right care and service you need
- May make home visits as needed

How do I know if I am eligible for these programs?

If you have chronic health problems listed above and would like to join one of the programs, call the Personal Health Advisor Nurse Advice Line. They will tell you if you qualify for it. If you have been referred to the program, you will get a letter in the mail.

Do I have to participate in the program?

No. You have an option to participate. But you may choose not to.



Useful Tools on the Web

<http://chp.careenhance.com/portal>



Online Symptom Advisor

This site will ask you questions about your health concern. Based on the answers you give, you can get advice for the right care. It may give you tips on what you could do at home, or if you need not see a doctor right away.

Ask Our Nurses

Can't find what you're looking for? This is an online messaging system. You can ask a nurse a question. This system is secure and confidential.

Health Tracker

This easy-to-use system allows you to create a custom health record that is easy to maintain. This record will track key factors for your health. The tracker will show trends that help you and your health care provider see if your health is improving, staying the same or getting worse. You can print your own data and take it to your medical visits, too.

Audio Health Library

This feature has more than 1,100 pre-recorded health messages in English and Spanish. You can call to get information on health topics and recipes that are good for your health.

Condition Center

This site can help you manage your conditions. It gives you in-depth information on heart disease, heart failure, diabetes, asthma and other topics.



C/O UPS MAIL INNOVATIONS

P.O. BOX 4240

Ontario, CA 91761



For more information, contact
the Member Services Department

1-800-475-5550

TDD/TTY: 1-800-353-7988

Mailing address:

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1000 S. Fremont Ave.
Building A-9 East, 2nd Floor, Unit #4
Alhambra, CA 91803-8859

<http://chp.dhs.lacounty.gov>